

MAPT HERO OF THE YEAR 2006

**This award is intended for school bus drivers or school bus monitors.
Heroic action does not need to take place on a bus.**

HERO'S FULL NAME: _____

SCHOOL DISTRICT OR COMPANY: _____

BACKGROUND INFORMATION: (Total years of driving experience, total years employed as a school bus driver, miles driven, safety record and any other related information).

FACTS OF HEROISM DEED: (Provide any information that will show why this hero is deserving of the award. Additional pages may be used and attachments may be included to reinforce the nomination.)

LETTER OF NOMINATION SHOULD BE SIGNED BY THE PERSON OR PERSONS IN CHARGE OF TRANSPORTATION:

Signed by: _____ Date: ____/____/____

Position: _____

THE DISTRICT SUPERINTENDENT OR HIGHEST LEVEL OF ADMINISTRATION IN THE DISTRICT OR COMPANY MUST SIGN THIS FORM.

Signed by: _____ Date: ____/____/____

Position: _____